

John R. Ashcroft Secretary of State
2021 ANNUAL REGISTRATION REPORT

BUSINESS

00063218
Date Filed: 3/22/2022
John R. Ashcroft
Missouri Secretary of State

*** SECTION 1, 3 & 4 ARE REQUIRED**

REPORT DUE BY: 10/31/2021

00063218
VANDUSER GIN COMPANY
DENNIS MCELWRATH
902 VANDUSER
VANDUSER MO 63784

	RENEWAL MONTH: JULY
	<input type="checkbox"/> I OPT TO CHANGE THE CORPORATION'S RENEWAL MONTH TO FOR A \$25.00 FEE
1	PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: *
	702 Vanduser (Required)
	PO Box 158
	STREET Vanduser MO 63784 CITY / STATE ZIP

2 If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.

☐ The new registered agent _____

IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.

☒ The new registered office address **702 Vanduser St PO Box 124 Vanduser MO 63784**

Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

	OFFICERS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST PRESIDENT AND SECRETARY BELOW</u>	A	BOARD OF DIRECTORS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST AT LEAST ONE DIRECTOR BELOW</u>	B
3	<u>PRESIDENT</u> McElwrath, Dennis L		<u>NAME</u> McElwrath, Dennis L	
	STREET 705 Vanduser St		STREET 705 Vanduser St	
	CITY/STATE/ZIP Vanduser MO 63784		CITY/STATE/ZIP Vanduser MO 63784 USA	
	<u>SECRETARY</u> Payne Lauder, Vickie L		<u>NAME</u> Yelton, James	
	STREET 6755 County Rd 414		STREET 153	
	CITY/STATE/ZIP Puxico MO 63960		CITY/STATE/ZIP Glen Rock PA 17327 USA	
	STREET _____		<u>NAME</u> Ueland, Abraham	
	CITY/STATE/ZIP _____		STREET 705 Vanduser st	
	STREET _____		CITY/STATE/ZIP Vanduser MO 63784 USA	
	CITY/STATE/ZIP _____		<u>NAME</u> McElwrath, Dennis J	
			STREET 24792 State Hwy 153	
			CITY/STATE/ZIP Holcomb MO 63852 USA	

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

4 The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 575.060 RSMo. Photocopy or stamped signature not acceptable. *

Authorized party or officer sign here	<u>Vickie L Payne Lauder</u> (Required)
Please print name and title of signer:	<u>Vickie L Payne Lauder</u> / <u>Secretary</u>
	NAME TITLE

REGISTRATION REPORT FEE IS:

__ \$20.00 If filed on or before 10/31/2021

__ \$35.00 If filed on or before 11/30/2021

__ \$50.00 If filed on or before 12/31/2021

__ \$65.00 If filed on or before 1/31/2022

ADD AN ADDITIONAL \$25.00 FEE IF CHANGING THE RENEWAL MONTH.

**WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW
IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION
PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE**

E-MAIL ADDRESS (OPTIONAL): vandusergin@gmail.com

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED
RETURN COMPLETED REGISTRATION REPORT AND PAYMENT TO: Secretary of State, P.O. Box 778, Jefferson City, MO 65102

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	OFFICERS (Continued) NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).	BOARD OF DIRECTORS (Continued) NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).
3	- STREET CITY/STATE/ZIP	<u>DIR.</u> STREET CITY/STATE/ZIP Payne Lauder, Vickie 6755 County rd 414 Puxico MO 63960